
A BILL FOR AN ACT

RELATING TO TRAUMA-INFORMED CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that research conducted
2 over the last two decades in the fields of neuroscience,
3 molecular biology, public health, genomics, and epigenetics
4 reveal that experiences in the first few years of life build
5 changes into the biology of the human body that, in turn,
6 influence a person's physical, mental, and spiritual health.
7 Adverse childhood experiences are traumatic experiences that
8 occur during childhood, including physical, emotional, or sexual
9 abuse; physical and emotional neglect; household dysfunction,
10 including substance abuse, untreated mental illness, or
11 incarceration of a household member; domestic violence; and
12 separation or divorce involving household members. These
13 experiences can have a profound effect on a child's developing
14 brain and body and, if not treated properly, can increase a
15 person's risk for disease and other poor health conditions
16 through adulthood.



1 The legislature further finds that early adverse childhood
2 experiences shape the physical architecture of a child's
3 developing brain and can prevent the development of a sturdy
4 foundation for learning, quality health, and positive behavior.
5 Strong, frequent, or prolonged stress in childhood caused by
6 adverse childhood experiences can become toxic stress, impacting
7 the development of a child's fundamental brain architecture and
8 stress response systems. Early childhood education offers a
9 unique window of opportunity to prevent and heal the impacts of
10 adverse childhood experiences and toxic stress on a child's
11 brain, body, and spirit. Research on toxic stress and adverse
12 childhood experiences indicates a growing public health crisis
13 for the State with implications for the State's educational,
14 juvenile justice, criminal justice, and public health systems.

15 The legislature also finds that neurobiological,
16 epigenetics, and physiological studies have shown that traumatic
17 experiences in childhood and adolescence can diminish
18 concentration, memory, and the organizational language abilities
19 students need to succeed in school, thereby negatively impacting
20 a student's academic performance, classroom behavior, and the
21 ability to form relationships. A critical factor in buffering



1 children from the effects of toxic stress and adverse childhood
2 experiences is the existence of supportive, stable relationships
3 between children and their families, caregivers, and other
4 important adults in their lives. Cultural practices that
5 provide asset-based approaches involving the influence of a
6 stable non-relative adult can provide the resilience needed to
7 mitigate a child with high adverse childhood experiences.
8 Positively influencing the architecture of a child's developing
9 brain is more effective and less costly than attempting to
10 correct poor learning, health, and behaviors later in life.

11 The purpose of this Act is to establish a task force to
12 develop and make recommendations for trauma-informed care in the
13 State.

14 SECTION 2. (a) There is established within the department
15 of health for administrative purposes a trauma-informed care
16 task force. The task force shall consist of the following
17 members:

- 18 (1) The director of health, or the director's designee,
19 who shall serve as the chairperson of the task force;
- 20 (2) The director of human services, or the director's
21 designee;



- 1 (3) The superintendent of education, or the
- 2 superintendent's designee;
- 3 (4) The director of public safety, or the director's
- 4 designee;
- 5 (5) The director of the executive office on early
- 6 learning, or the director's designee;
- 7 (6) A member of the judiciary, to be appointed by the
- 8 chief justice of the supreme court;
- 9 (7) A faculty member from the university of Hawaii John A.
- 10 Burns school of medicine, to be appointed by the dean
- 11 of the university of Hawaii John A. Burns school of
- 12 medicine;
- 13 (8) The chief executive officer of Kamehameha Schools, or
- 14 the chief executive officer's designee, who shall be
- 15 invited by the chairperson;
- 16 (9) A member of the law enforcement community, who shall
- 17 be invited by the chairperson;
- 18 (10) A member of the non-profit sector, who shall be
- 19 invited by the chairperson; and



1 (11) A community member or non-profit representative from
2 the Compact of Free Association islander community,
3 who shall be invited by the chairperson.

4 (b) The task force shall develop and make recommendations
5 for trauma-informed care in the State. Specifically, the task
6 force shall:

7 (1) Create, develop, and adopt a statewide framework for
8 trauma-informed and responsive practice. The
9 framework shall include:

10 (A) A clear definition of "trauma-informed and
11 responsive practice";

12 (B) Principles of trauma-informed and responsive care
13 that may apply to any school, health care
14 provider, law enforcement agency, community
15 organization, state agency, or other entity that
16 has contact with children or youth;

17 (C) Clear examples of how individuals and
18 institutions may implement trauma-informed and
19 responsive practices across different domains,
20 including organizational leadership, workforce



- 1 development, policy and decision-making, and
- 2 evaluation;
- 3 (D) Strategies for preventing and addressing
- 4 secondary traumatic stress for all professionals
- 5 and providers working with children and youth and
- 6 their families who have experienced trauma;
- 7 (E) Recommendations to implement trauma-informed care
- 8 professional development and strategy
- 9 requirements in county and state contracts; and
- 10 (F) An implementation and sustainability plan,
- 11 consisting of an evaluation plan with suggested
- 12 metrics for assessing ongoing progress of the
- 13 framework;
- 14 (2) Identify best practices, including those from native
- 15 Hawaiian cultural practices, with respect to children
- 16 and youth who have experienced or are at risk of
- 17 experiencing trauma, and their families;
- 18 (3) Provide a trauma-informed care inventory and
- 19 assessment of public and private agencies and
- 20 departments;



- 1 (4) Identify various cultural practices that build
- 2 wellness and resilience in communities;
- 3 (5) Convene trauma-informed care practitioners so that
- 4 they may share research and strategies in helping
- 5 communities build wellness and resilience;
- 6 (6) Seek ways in which federal funding may be used to
- 7 better coordinate and improve the response to families
- 8 impacted by coronavirus disease 2019, substance use
- 9 disorders, domestic violence, poverty, and other forms
- 10 of trauma, including making recommendations for a
- 11 government position to interface with federal agencies
- 12 to seek and leverage federal funding with county and
- 13 state agencies and philanthropical organizations; and
- 14 (7) Coordinate data collection and funding streams to
- 15 support the efforts of the interagency task force.
- 16 (c) The task force shall submit a report of its findings
- 17 and recommendations, including any proposed legislation, to the
- 18 legislature, no later than twenty days prior to the convening of
- 19 the regular session of 2024.
- 20 (d) The task force shall cease to exist on July 1, 2024.
- 21 SECTION 3. This Act shall take effect upon its approval.



Report Title:

DOH; Trauma-informed Care; Task Force

Description:

Establishes a trauma-informed care task force within the Department of Health to make recommendations of trauma-informed care in the State. (SD2)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

